

Commonwealth of Virginia

AUG 2 4 2015

Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form

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		1	公子中国第二次年 中央工作	The state of the s			
	□NEW	☑ AMENDED					
	mittee is registering with the e Board of Elections for the first	This committee is filing an amended Statement of Organization.					
Control Control	time.	Date Changes Took Effect	SBE-issued Comm	ittee ID			
		08/15/2015	CC-12-0094	2			
Committee Information							
	Ebbin for Virginia						
	Name of Candidate Campaig	gn Committee					
	PO Box 26415						
Committee	Street Address/PO Box	S	Suite #				
Information	Alexandria	V	/A	22313-641			
	City		tate	Zip Code			
	info@adamebbin.com	7	703-671-3843				
	Email Address		aytime Phone #				
	www.adamebbin.com	5.72	· · · · · · · · · · · · · · · · · · ·				
47 L. B. L. B.	Campaign Website						
STATE OF STATE OF	C	andidate Information	1734	400			
	Hon. Ebbin	Adam					
	Salutation Last Name	First Name	Middle Name	Suffix			
	1201 Braddock PI	21	10				
	Residence Address	Ar	pt#				
Candidate	Alexandria	VA	A	22314-166			
Information	City	Sta	ate	Zip Code			
	ALEXANDRIA CITY	71	10023408	50			
	County or City of Residence	Vo	oter Identification #				
	adam@adamebbin.com	70	703-395-1858				
	Email Address	Da	aytime Phone #				
	By checking this box, I certify that I am currently registered to vote at the address above.						
	E	lection Information					
Election	Member Senate Of Virginia	State Senate - 30th District					
Information	Office Sought	District (if one)					
	Democratic	2015	November May [Special			
	Political Party	Very of Election	Type of Florier				



Statement of Organization CANDIDATE COMMITTEE

	Treasu	irer Information			
Treasurer Information	Mrs. Friedman Salutation Last Name 3324 Valley Dr Residence Address Alexandria City ALEXANDRIA CITY County or City of Residence lorifriedman@comcast.net Email Address M By checking this box, I certify the	Lori First Name	Apt # VA State 713020408 Voter Identification # 703-671-3843 Daytime Phone #	22302-211 Zip Code	
	Cam	paign Depository			
Name of Primary Financial Institution Arlington VA		Name of Othe	Name of Other Financial Institution (if applicable)		
City	State	City	Sta	te	
	Cor	nmittee Activity	AND DESCRIPTION OF THE NOVEL		
Dates of Activity	Please provide the following dates Date first contribution accept Date first expenditure made: Date campaign depository description of the paid for party Date Statement of Qualificat Date treasurer appointed:	osted: 03/0 03/0 esignated: 02/2 y nomination: 03/2 tion filed: 03/2	t yet occurred for this commi 01/2011 02/2011 08/2011 00/2015 00/2015	ttee, write "N/A"	

(continued on next page)



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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Filing Method				
	Please indicate the method by which this committee will submit all required campaign finance reports:				
	☐ File electronically using SBE's Electronic Filing Application.				
Filing Method	File electronically using an SBE Approved Vendor (Please indicate Name of Vendor:)				
	☐ File paper reports.				
	Lou Friedman	8-19-15			
	Signature	Date			
	Signatu	res			
Candidate's Signature	I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Virginia). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the Code of Virginia. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.				
	Candidate's Signature	8/19/15 Date			
Treasurer's Signature	late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.				
	Lori Fredman	8-19-15			
	Treasurer a organiture	Date			